

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY
(Includes Reference to PCT International Applications)

ATTORNEY'S
DOCKET NUMBER
P05,0038

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural, names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

"A CONGESTIVE HEART FAILURE MONITOR"

the specification of which (check only one item below):

- ☐ is attached hereto.
- ☐ was filed as United States application
Serial No. _____
on _____
and was amended
on _____ (if applicable).
- ☒ was filed as PCT international application
Number PCT/SE2003/001081
On June 23, 2003
and was amended under PCT Article 19
on August 20, 2004 (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information that is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY (if PCT indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
Sweden	0202289-5	22.07.2002	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

Combined Declaration For Patent Application and Power of Attorney (Continued)

(Includes Reference to PCT International Applications)

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P05,0038

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:

U.S. APPLICATIONS			STATUS (Check one)		
U.S. APPLICATION NUMBER	U.S. FILING DATE		PATENTED	PENDING	ABANDONED
PCT APPLICATIONS DESIGNATING THE U.S.					
PCT APPLICATION NO	PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)			

POWER OF ATTORNEY: As a named inventor, I hereby appoint all Attorneys identified by United States Patent & Trademark Office **Customer Number 26574**, who are all members of the Firm Schiff Hardin LLP.

Send Correspondence to:

**SCHIFF HARDIN LLP
Patent Department****6600 Sears Tower, Chicago, Illinois 60606-6473**

Direct Telephone Calls to:

2 0 1	FULL NAME OF INVENTOR	FAMILY NAME HOLMSTRÖM	FIRST GIVEN NAME NILS	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Järfalla	STATE OR FOREIGN COUNTRY Sweden	COUNTRY OF CITIZENSHIP Sweden
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Päronvägen 4A	CITY Järfalla	STATE & ZIP CODE/COUNTRY S-175 49 Järfalla, Sweden
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME OBEL	FIRST GIVEN NAME MARTIN	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Danderyd	STATE OR FOREIGN COUNTRY Sweden	COUNTRY OF CITIZENSHIP Sweden
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Bergavägen 5	CITY Danderyd	STATE & ZIP CODE/COUNTRY S-182 33 Danderyd, Sweden
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME NORLIN	FIRST GIVEN NAME ANNA	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Stockholm	STATE OR FOREIGN COUNTRY Sweden	COUNTRY OF CITIZENSHIP Sweden
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Valhallvägen 47	CITY Stockholm	STATE & ZIP CODE/COUNTRY S-114 22 Stockholm, Sweden

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201

SIGNATURE OF INVENTOR 202

SIGNATURE OF INVENTOR 203

DATE

DATE

DATE

Combined Declaration For Patent Application and Power of Attorney (Continued)
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Send Correspondence to:

SCHIFF HARDIN LLP
Patent Department
6600 Sears Tower, Chicago, Illinois 60606-6473

Direct Telephone Calls to:

2 0 4	FULL NAME OF INVENTOR	FAMILY NAME DAHLBERG	FIRST GIVEN NAME KENNETH	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Stockholm	STATE OR FOREIGN COUNTRY Sweden	COUNTRY OF CITIZENSHIP Sweden
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Kungsholmsstrand 25	CITY Stockholm	STATE & ZIP CODE/COUNTRY S-112 26 Stockholm, Sweden
2 0 5	FULL NAME OF INVENTOR	FAMILY NAME BJÖRLING	FIRST GIVEN NAME ANDERS	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Järfalla	STATE OR FOREIGN COUNTRY Sweden	COUNTRY OF CITIZENSHIP Sweden
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Handbollvägen 24G	CITY Järfalla	STATE & ZIP CODE/COUNTRY S-175 53 Järfalla, Sweden
2 0 6	FULL NAME OF INVENTOR	FAMILY NAME KALLING	FIRST GIVEN NAME SVEN	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Täby	STATE OR FOREIGN COUNTRY Sweden	COUNTRY OF CITIZENSHIP Sweden
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Lyckostigen 9	CITY Täby	STATE & ZIP CODE/COUNTRY S-183 56 Täby, Sweden

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE	DATE	DATE

Combined Declaration For Patent Application and Power of Attorney (Continued)
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Send Correspondence to:

SCHIFF HARDIN LLP
Patent Department
6600 Sears Tower, Chicago, Illinois 60606-6473

Direct Telephone Calls to:

207	FULL NAME OF INVENTOR	FAMILY NAME LJUNGSTRÖM	FIRST GIVEN NAME KARLIN	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Hässelby	STATE OR FOREIGN COUNTRY Sweden	COUNTRY OF CITIZENSHIP Sweden
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Albert Landbergsgår. 34	CITY Hässelby	STATE & ZIP CODE/COUNTRY S-165 70 Hässelby, Sweden
208	FULL NAME OF INVENTOR	FAMILY NAME NOREN	FIRST GIVEN NAME KJELL	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Solna	STATE OR FOREIGN COUNTRY Sweden	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Karolinagatan 10C	CITY Solna	STATE & ZIP CODE/COUNTRY S-171 58 Solna, Sweden
209	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY

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SIGNATURE OF INVENTOR 207	SIGNATURE OF INVENTOR 208	SIGNATURE OF INVENTOR 209
DATE	DATE	DATE